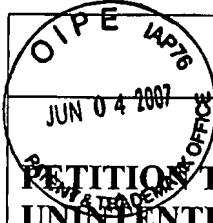


06-06-07

DAE  
RFV

				<b>U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE</b>			
<b>PETITION TO REVIVE AN UNINTENTIONALLY ABANDONED PATENT APPLICATION UNDER 37 C.F.R. § 1.137(b)</b>				Docket Number: 2345/122			
Application Number 09/529,644		Filing Date April 17, 2000		Examiner Andrew Y. Koenig		Art Unit 2623	
Title <b>METHOD AND DEVICE FOR ROUTING OF SPECIFIC DATA, PARTICULARLY RECEIVING RIGHTS, IN A PAY-TV TERMINAL</b>							

**Mail Stop Petition**  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**PETITION TO REVIVE AN UNINTENTIONALLY ABANDONED PATENT  
APPLICATION UNDER 37 C.F.R. § 1.137(b)**

Sir:

Applicants hereby petition to revive the above-identified patent application under 37 C.F.R. § 1.137(b). It is the understanding of the undersigned that this application became abandoned for failure to respond to an Office Action having a mail date November 18, 2005. A Notice of Abandonment having mail date of June 2, 2006 was issued.

In fact, Applicants did submit a timely filed response to the Office Action on April 18, 2006 with payment of a two-month extension and authorization to pay any additional-needed extensions or fees. Applicants hereby submit a copy of Applicants' timely filed response along with the USPTO-stamped postcard indicating receipt of Applicants' response by the USPTO.

There was no delay in filing the required reply from the due date for the reply until the filing of this petition; and, if a delay is determined, then Applicants respectfully submit that the entire delay in filing the required reply from the due date for the reply until the filing of this petition was unintentional.

09/19/2007 CKHLOK  
09/19/2007 00000001 110600 09529644  
09/19/2007 1500.00 CR

Express Mail No. EV 839713004 US

A favorable decision on this Petition is respectfully requested.

Please charge the amount of \$1,500.00 for payment of the fee under 37 C.F.R. 1.17(m) for filing this Petition to Revive under 37 C.F.R. §1.137(b) to Deposit Account No. 11-0600.

The Commissioner is hereby authorized to charge any additional fees and/or to credit any overpayment in connection with these papers transmitted herewith, to Deposit Account No. 11-0600. Since the error in this matter was solely due to an error by the USPTO, Applicants respectfully request a refund of its petition fee should the USPTO agree with Applicants regarding the source of error. A copy of this communication is enclosed for charging purposes.

Respectfully submitted,  
KENYON & KENYON LLP

Dated: June 4, 2007  
(Monday)

By: Linda Shudy Lecomte  
Linda Shudy Lecomte  
(Reg. No. 47,084)

One Broadway  
New York, NY 10004  
(212) 425-7200 (Telephone)  
(212) 425-5288 (Facsimile)  
**CUSTOMER NO. 26646**

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-18-07</u>		2 Serial/Patent # <u>09/529644</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition		<u>6-4-07</u>	\$ <u>1500</u>							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>1500</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center;"> <tr><td>1</td><td>1</td><td>--</td><td>0</td><td>6</td><td>0</td><td>0</td></tr> </table>			1	1	--	0	6	0	0
1	1				--	0	6	0	0		
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
<u>Fee not necessary.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>2-3208</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>9/19/07</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*